STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345426	A. BUILDING _____ B. WING _____	C 09/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW CARE & REHAB CENTER	551 KENT STREET ANDREWS, NC 28901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to remove a previously applied Exelon patch (a medicated topical patch used to treat Alzheimer's disease) prior to applying a new Exelon patch on 1 of 3 sampled residents reviewed for proper administration of medications via topical patches. (Resident # 6). The findings included:	F 329	**Valley View Care and Rehabilitation Center Acknowledges receipt of the Statement of Deficiencies and proposes the attached plan of correction to the extent that the findings are factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.** **F. 329** **A. Topical medication patches (Exelon) were removed from resident #6 by resident's Licensed Nurse. Resident #6's physician was notified on 9/10/13 and resident#6's physician did not give any additional orders, at the time. Resident #6's responsible party was notified by the Director of Clinical Services. Resident #6 suffered no harm...** **B. A review of the facility residents was completed by the Director of Clinical Services that identified all other residents in the facility who have orders for a topical medication patch. . Those residents identified with topical medication patches were then assessed to ensure that the topical medication patch (es) were in place to the residents' skin appropriately-to include proper application and removal as indicated per the residents' physician orders; and, this task was completed by the Director of Clinical Services/Charge Nurse. Those residents who were assessed and found to have duplicate topical medication patches in place had those topical medication patches immediately removed by the Director of Clinical Services/Charge Nurse.**	9-22-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Darlene Kauffman — TITLE: Administrator — (X6) DATE: 9-24-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DHSR Black Mountain Office Received SEP 25 2013 by: SKH

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F 329	Continued From page 1 Resident #6 was admitted to the facility on 11/27/11 with diagnoses that included Alzheimer's disease, Parkinson's disease, depression, and anxiety. Review of the latest quarterly Minimum Data Set (MDS) dated 08/08/13 revealed the Resident was severely cognitively impaired. Further review of the MDS revealed Resident #6 required limited to extensive assistance for most activities of daily living. Review of the Resident's care plan updated 05/03/13 revealed Resident #6 received planning for Alzheimer's disease, with interventions to include medication. Further review of the medical record revealed Resident #6 had been ordered Exelon patches. The patches were ordered at a strength of 9.5 milligrams daily, with the previous day's patch to be removed before applying the new patch. Exelon, according to the manufacturer, is used to treat dementia associated with Alzheimer's disease. On 09/10/13 at 9:25 AM Resident #6 was observed sitting in her room. She was observed to have a medication patch above her left shoulder blade that was dated 09/02/13. She was also observed to have a medication patch above her right shoulder blade that was dated 09/09/13. Medication Nurse #1 also observed and confirmed that the Resident was wearing two Exelon patches. Medication Nurse #1 stated the Exelon patches were applied by the night shift medication nurse and the old patch should be removed before the application of a new patch.	F 329	**C. The Director of Clinical Services/Nurse manager re-educated licensed nurses on 9/10/13,9/17/13/9/18/13, 9/19/13, and on 9/22/13 regarding facility's Policy and Procedure for medication administration of topical medication patches to include the proper application and removal of topical medication patches'. All residents identified as having a physician's order for topical medication patches will have it indicated on their Medication Administration Record (MAR) and there will be a space/area in which two nurses must document the date and time the topical medication was applied and removed. This documentation will be signed on the MAR by two licensed nurses to ensure that each topical medical patch was applied and removed appropriately. This was implemented on 9/10/13. The Director of Clinical Services will conduct Quality Improvement monitoring of this process 5Xper week for 4 weeks, then 3 Xper week for 4 weeks, then 1X per week for 4 weeks and 1X per month for 3 months..** **D. The Director of Clinical Services/Nurse Manager will report the results of Quality Improvement monitoring to the Quality Performance Committee monthly X 6 months for continued substantial compliance and/or revision**	

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F 329	Continued From page 2 On 09/10/13 at 10:45 AM an interview was conducted with the Director of Nursing (DON). She stated the application of multiple medication patches had been an ongoing issue of which she had been made aware and had implemented changes, but the changes obviously had not been effective. She acknowledged further education and documentation were necessary. On 09/10/13 at 1:35 PM another interview was conducted with the DON. She stated her expectations concerning the removal of medication patches before the placement of a new patch was for staff to follow facility policies and procedures, as well as understanding the type of medication on the patch. She acknowledged she would consider multiple patches of the same medication on a resident a medication error. She further stated she expected staff to notify the charge nurse, and the charge nurse to notify both herself and the resident's physician. On 09/10/13 at 1:50 PM an interview was conducted with Resident #6's physician. He stated it was his expectation that staff remove the previous day's Exelon patch before replacing it with a new patch.	F 329		